

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$33,311.42 for dates of service 08/21/01 extending through 08/29/01.
- b. The request was received on 07/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Position Statement obtained from the Table of Disputed Services
 - b. UB-92
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/07/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response or 14 day response from the carrier. The "No Response Submitted" is reflected as Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: From Table of Disputed Services
"Carrier did not reimburse facility per Commission instructions or TWCC Rules. Further, the Carrier has not reimbursed in accordance with In-patient Hospital Fee Guideline, which state that reimbursement for the admission shall be paid utilizing the Stop-Loss Reimbursement factor of 75%."
2. Respondent: No response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service (dos) eligible for review are those commencing on 08/21/01 and extending through 08/29/01.
2. The Provider billed the Carrier \$186,962.16 for the dos in dispute.

3. The Carrier made a total reimbursement of \$106,910.20 for dos in dispute.
4. The amount left in dispute is \$33,311.12, per the table of disputed services.
5. The carrier denied the services as, "1- (F) THE CHARGE FOR THIS PROCEDURE EXCEEDS FAIR AND REASONABLE. 2-THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE."
6. This is a stop-loss case based on the billing and reimbursement.

V. RATIONALE

Medical Review Division's rationale:

The Medical Review Division is unable to determine what services were rendered or what services could be deducted such as personal items or those not related to the compensable injury because there were no medical records submitted nor an itemized statement. There is no operative report to verify the number of implantables used during surgery. Therefore, no further reimbursement can be recommended.

References: Rule 134.401 (c) (6)

The above Findings and Decision are hereby issued this 28th day of March 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/co